

McDowell County Schools

Homebound Instruction Services Parent Permission

Student Name: _____ Birth Date: _____

Home Address: _____

Telephone Number: _____

School: _____ Grade: _____

I have read the letter to parents concerning homebound instruction for my child and will follow the instructions so listed. I give permission for my child to receive this instruction for the duration of my child's illness/disability as necessary.

Parent/Guardian: _____

(Please Print)

Parent/Guardian

Signature _____ Date: _____

Principal/Designee Signature: _____ Date: _____

Exceptional Children's Director Signature: _____ Date: _____

(when applicable)